



UNITED STATES MARINE CORPS
COMMANDING GENERAL
BOX 788100
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 12810.2C
201

MAY 07 1987

COMBAT CENTER ORDER 12810.2C

From: Commanding General
To: Distribution List

Subj: INJURY COMPENSATION PROGRAM FOR FEDERAL EMPLOYEES

Ref: (a) 20 CFR Part 10 (NOTAL)
(b) CPI 810 (NOTAL)
(c) Publication CA-810 (NOTAL)

Encl: (1) Compensation Program Processing Procedures and Benefits
(2) Sample Format for Federal Employee's Notice of Traumatic Injury
and Claim for Continuation of Pay/Compensatiuon Form (CA-1)
(3) Sample Format for Request for Examination and/or Treatment (CA-16)
(4) Sample Format for Duty Status Report (CA-17)
(5) Form Letter to Physician
(6) Dispensary Permit

1. Purpose. To publish the policies and procedures for administering the Federal Employees' Injury Compensation Program and assign responsibility for its operation at the Combat Center in accordance with provision of reference (a) and (b).

2. Cancellation. CCO 12810.2B.

3. Information

a. The Federal Employees' Compensation Act (FECA) provides for compensation and medical care for civil service employees for disability due to personal injuries or death sustained while in the performance of duty. The term "injury" includes, in addition to injury by accident, a disease or illness proximately caused by the employment. Federal employees injured while in the performance of duty have no right to recover damages from the United States Government for the effects of any injury except through FECA.

b. Responsibility for overall administration of the program rests with the Director of the Office of Workers' Compensation Programs (OWCP) by a delegation of authority from the Secretary of Labor through the Assistant Secretary for Employment Standards.

c. Any person who makes a false statement, misrepresentation, concealment of facts, or any other act of fraud to obtain Federal employees' compensation or who accepts compensation payments to which they are not entitled are subject to a fine of no more than \$10,000.00 or imprisonment for not more than five years, or both.

d. Any person charged with the responsibility for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; knowingly files a false report; induces, compels, or directs an injured employee to forego filing a

MAY 07 1987

claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of no more than \$500.00 or imprisonment for no more than one year, or both.

e. All records, reports, and papers relating to disability or death of an employee entitled to compensation benefits under the Act, are the official records of OWCP and are not records of the Combat Center, Marine Corps or Navy Department. Such records and papers are confidential, and no official or employee of the above entities who have secured statements from witnesses, or who have the care or use of such records, may disclose information pertaining to such records to any person, except upon written approval of OWCP. No such official or employee of these agencies, having such records, may assume control over them, and is prohibited from presenting such records or information in court whether in answer to a subpoena or otherwise. When an employee is subpoenaed, the employee must appear in court and respectfully decline to present such records or to divulge the information called for, basing the refusal upon OWCP regulation and upon the fact that the employee is not custodian of such records.

4. General Policy. It is the policy of the Combat Center to:

a. Provide full assistance to all civilian employees who sustain injuries and illnesses as a result of their employment;

b. Ensure accountability for injury compensation claims and increase program awareness throughout the chain of command through a program of education designed to ensure an adequate level of technical knowledge for managers, supervisors and employees and by ensuring that personnel engaged in program administration and claims processing are fully and adequately trained through attendance at OWCP and Department of the Navy sponsored training sessions and seminars;

c. Ensure a program dedicated to returning injured employees to the job, and to stress the availability of limited or light duty work which includes reasonable accommodations of physically and mentally handicapping conditions;

d. Pursue fraud and abuse in the system, with prosecution when appropriate;

e. Establish and engage in a positive working relationship with the San Francisco District Office, OWCP;

f. Ensure an education and liaison program for private sector physicians to inform them of program efforts to return injured workers to meaningful employment; and

g. Encourage prevention of work place injuries and illnesses by complying with Marine Corps and Department of the Navy safety and health policies.

5. Time Limitations and Forms Required

a. Notice of Injury. Employees must give their supervisor written notice within 30 days after an injury occurs in the performance of duties to file a claim for Continuation of Pay (COP). Failure to do so may result in denial of claim.

b. The following forms will be used for filing notice of injury or occupational disease or illness (see enclosure (1) for procedures).

(1) CA-1 (Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, (enclosure (2))).

(2) CA-2 (Federal Employees' Notice of Occupational Disease and Claim for Compensation).

c. Claim for Compensation

(1) Claim for Compensation Benefits. An injured employee must file a written claim for compensation within three years after the injury.

(2) Claim for Death Compensation Benefits. If an employee dies as the result of a job-related injury or illness, a written claim for compensation by or on behalf of the dependent must be filed within three years after the death before compensation may be paid unless the following exceptions apply. The timely filing of a compensation claim because of an on-the-job injury will satisfy the time requirements for a death claim based on the same injury.

(3) Exception to Time Limitations. The time limitations outlined in subparagraphs 5c(1) and 5c(2) do not apply to:

(a) A minor under age 21 unless a legal representative is appointed.

(b) An incompetent person who does not have a legal representative.

(c) A person whose failure to comply is excused if the notice could not be given because of exceptional circumstances as determined by OWCP.

6. Policy on Provision of Light Duty and Return to Work. While it is the responsibility of the designated physician to determine the extent of the employee's medical limitation and to advise management with regard to the types of work or duties that an employee could perform in light of their medical condition, it is the responsibility of management to determine whether the employee will be offered light duty after an on-the-job injury. When a determination has been made that an employee is capable of performing light duty, all possible efforts will be made to reasonably accommodate the employee to a position or assignment compatible with the restrictions or limitations delineated by the installation designated physician. If no suitable duties are possible within the employee's work unit, another suitable assignment shall be sought within the activity.

Note: A partially disabled employee who is receiving COP and refuses to work after suitable work is offered is not entitled to COP or compensation.

7. Special Provisions. Reasonable accommodation occurs when a logical adjustment is made to a job and/or the work environment that enables a qualified handicapped employee/applicant to perform the duties of that position. Examples include the provision of limited or light duty, job restructuring or job engineering. The Combat Center is committed to making reasonable accommodation whenever possible and appropriate, both as a method of providing a feeling of self-worth to handicapped individuals and as a method of cutting costs.

MAY 07 1997

8. Employees Excluded from FECA Coverage. Any employee whose injury or death is caused by willful misconduct or by intention to cause the injury or death of self or another is not entitled to FECA coverage. If intoxication or the use of illegal drugs is the cause of injury, illness, or death, neither the claimant nor survivors are entitled to compensation benefits.

9. Suspected Fraud and Abuse

a. All instances of suspected fraud in FECA claims will be referred to the Compensation Investigator, for investigation and possible referral for prosecution.

b. Supervisors and program personnel will be alert to possible fraudulent claims. Suspicious claims will be promptly reported to the Employee Relations Section, Human Resources Office. Processing will continue on the claim during the investigation, but the program administrator will ensure that OWCP is fully advised of the situation so a concurrent investigation can be undertaken by that agency. When a positive determination of fraud is rendered by the Investigator, HRO, or OWCP, disciplinary action, which may include removal and prosecution, will be initiated. The action taken will be consistent with the degree of falsification involved.

c. Some factors which suggest the possibility of fraud are:

(1) Information exists that the claimant is acting in a manner inconsistent with claimed injury; or

(2) Witnesses dispute the claimed injury; or

(3) A single individual has a history of repeated similar claims; or

(4) Several individuals in the same work area file identical claims, especially if the claims are hard-to-diagnose injuries or illness, e.g., sprained back, hearing loss; and

(5) Information exists that the claim was filed in conjunction with some threat to job security, e.g., reduction in force, conversion to contract work, etc.

10. Benefits

a. Injured employees are entitled to first aid and medical care for an injury, including hospital care, when needed. Emergency medical care will be provided on the day of injury by a health care provider at the Naval Hospital. This does not negate an employee's right to seek medical attention from any duly qualified local private physician or hospital. Employees may be provided transportation or reimbursed for travel and incidental expenses necessary to seek medical care.

b. An employee who sustains a disabling, job-related traumatic injury is entitled to continuation of regular pay (COP) for a period not to exceed 45 calendar days. For firefighters, FLSA overtime will not be included in the computation of continuation of pay. A full explanation of COP is found in the references. On the basis of information submitted by the employee or obtained on investigation, the Combat Center will controvert COP and stop the employee's pay if:

- (1) The disability is a result of an occupation disease or illness; or
- (2) The employee is excluded by 5 U.S.C. 8101 (1), (B), or (E); or
- (3) The employee is neither a citizen or resident of the United States or Canada; or
- (4) The injury occurred off the Combat Center premises and the employee was not involved in official "off premise" duties, however, employees on official (TAD) orders are normally covered 24-hours per day; or
- (5) The injury was caused by the employee's willful misconduct, the employee intended to bring about the injury or death of themselves, or another person, or the employee's intoxication or illegal drug use was the proximate cause of the injury; or
- (6) The injury was not reported on Form CA-1 within 30 days following the injury; or
- (7) Work stoppage first occurred six months or more following the injury; or
- (8) The employee initially reports the injury after termination of employment; or
- (9) The employee is enrolled in work study programs or other similar groups.
- (10) In all other cases, the Combat Center may controvert pay but will not stop the employee's pay during the 45-day period unless the controversion is sustained by the OWCP.

c. Employees are also entitled to compensation based on loss of wages, subject to a waiting period, after the 45th day in traumatic injury cases or from the beginning of pay loss in all other types of injuries. Compensation is payable for both temporary and permanent total disability at the rate of 66 2/3 percent of pay. Employees with one or more dependents will be compensated at the rate of 75 percent.

d. Other benefits may include: loss of wage-earning capacity, scheduled awards, leave buy-back, attendant fees, death benefits (including burial benefits), vocational rehabilitation, etc., upon approval of claim. Full information on benefits can be obtained from the Human Resources Office and the references.

e. An employee who suffers a "traumatic" injury has the option to initially select a duly qualified private physician or hospital for examinations paid for by OWCP to determine the injured employee's eligibility for FECA benefits. When the activity identifies a position or assignment it reasonably believes the employee receiving FECA benefits for an injury can perform consistent with the medical limitations of his or her condition, the activity may order and pay for an examination. Under these circumstances, the activity will designate the physician to perform the examination.

MAY 07 1997

11. Action

a. An injured employee, as soon as possible after the injury, will:

- (1) Notify the supervisor of the injury no matter how insignificant.
- (2) Request medical attention for the injury (as necessary), and report directly to the Occupational Health Clinic with a dispensary report (supervisors can obtain the dispensary report forms from self service). After initial examination to ensure that injuries requiring immediate attention are adequately treated, any necessary follow-up treatment may be performed at the election of the employee either by the Occupational Health Clinic (dependent upon availability) medical personnel or an elected private physician.
- (3) Make an election between the use of COP and sick and/or annual leave while disabled.
- (4) Complete page 1 of the CA-1 enclosure (2) within 24 hours of the injury and give it to the supervisor.
- (5) Report immediately their return to duty status to their immediate supervisor and to the Compensation Specialist, Human Resources Office, including changes in an estimated return to duty date, and return to duty as soon as the physician permits and;
- (6) Accept light duty which is offered and which meets restriction set by the physician.
- (7) Inform the physician that light duty is available at the Combat Center.

b. The supervisor will

- (1) Familiarize themselves with every aspect of the Compensation Program.
- (2) Keep employees apprised of the provisions of the Compensation Program.
- (3) Upon being informed of any injury sustained by a subordinate requiring medical attention, arrange transportation to the Occupational Health Clinic or call for immediate ambulance or rescue service, depending upon the seriousness of the injury.
- (4) Complete a dispensary permit (OPNAV 5100/9 (enclosure (6) to accompany the employee to the Occupational health Clinic for authorizing medical care.
- (5) Complete a CA-16 (within 4 hours upon request) as shown in enclosure (3) and give it to the injured employee to give to the treating physician. Not required when being seen at the Naval Hospital.
- (6) Complete Part A of a CA-17 (enclosure (4) and address a copy of the letter to the physician (enclosure (5) and give both forms to the employees to give to their treating physician. Not required when being seen at the Naval Hospital.

MAY 07 1997

(7) The supervisor, at the time he or she learns of the injury, will fill out the applicable portions of the CA-1 in detail after the employee submits the form. After completing the CA-1, the supervisor will forward it to the Injury Compensation Program Administrator, Labor/Employee Relations (L/ER) Branch within 24 hours. If the employee is incapacitated and cannot complete the CA-1, or any other report or claims required by the reference, the employee's supervisor will complete the required forms to the extent that specific information is available and sign for the employee. It is the supervisors responsibility to obtain any witness statements.

(8) Complete the Receipt of Notice of Injury attached to the CA-1 and return it to the employee.

(9) Complete a mishap report and forward to the Safety Office.

(10) Have the employee complete a leave slip for administrative leave on the day of the injury. The employee should check "other" on the SF-71 see procedures in enclosure (1) and write in "day of injury." Attach the leave slip to the time card.

(11) Notify the Compensation Specialist at the Human Resources Office of all injuries needing medical attention.

(12) Counsel the employee regarding the right to elect COP or leave while disabled and the requirement to accept light duty which meets restrictions set by the treating physicians.

(13) Discuss all cases with witnesses and with the Program Administrator before signing any forms. Usually, the supervisor's statement about an injury establishes the agency's official position. If there is no reasonable way the supervisor can determine that the injury is job related, the supervisor shall so state and controvert the claim by providing documentation. However, the claim processing will not be discontinued. The final determination is made by OWCP after examination of all facts.

(14) Report suspected fraudulent claims to the Employee Relations Section, Human Resources Office and/or the Compensation Investigator.

(15) Return injured employees to the work place as soon as possible.

(16) Refer the employee to HRO for assistance in regard to the FECA program.

c. The Marine Corps Civilian Human Resources Office-West-Labor/Employee Relations Branch

(1) Ensure that MCAGCC's obligations under FECA are discharged promptly and efficiently.

(2) Complete and issue Form CA-16 as appropriate, Request for Examination and/or Treatment, to an employee requesting to seek medical treatment from a medical facility outside the base. (Not required when seen at Naval Hospital).

MAY 07 1997

(3) Coordinate with the Naval Hospital or the private physician with regard to the employee's duty status.

(4) Coordinate with the supervisor and the employee to see that the proper forms are fully completed.

(5) Notify the Payroll Section of all injuries which will result in a loss of work days.

(6) Notify the Safety Office of all injuries.

(7) Notify the Compensation Investigator, and OWCP of all cases of suspicious circumstances and request investigation.

(8) Coordinate light duty assignments.

(9) Provide assistance to employees and supervisors for all issues.

(10) Submit all completed and appropriate forms and reports to OWCP within 48 hours of injury in all work-related injury cases which:

(a) may require payment to an outside medical facility;

(b) result in disability for work beyond the day (or shift) of occurrence;

(c) may result in a future claim; or

(d) result in additional work stoppage after the employee returns to work (a recurrence of disability).

(11) Ensure that the program is publicized and managers, supervisors, and employees are kept informed of all information concerning FECA, program requirements, and respective responsibilities.

(12) Establish and implement a Return-to-Work Program utilizing priority consideration procedures for current and former injured employees;

(13) Establish an education awareness program for private section physicians.

(14) Establish a working relationship with the District OWCP Office.

(15) Establish internal procedures for proper claims management and ensure an adequate record keeping system;

(16) Arrange for and conduct injury compensation training for supervisors and individuals with primary responsibility for program management and claim processing.

(17) Coordinate with Department of Labor on all aspects of the Compensation Program.

(18) Provide cost information of FECA Claims to the Director, Comptroller Directorate (Budget Officer), as the information becomes available from the Department Of Labor. This information is required to be kept current to ensure appropriate budgeting actions are initiated for the Command.

d. Occupational Health Clinic

(1) When employees arrive at the Occupational Health Clinic with a dispensary permit, they will be treated according to the election of care (the employee is entitled to select the physician or facility to provide treatment). If the Naval Hospital is elected, it will provide appropriate medical care. If employees are eligible for limited duty, medical personnel providing care will indicate on the dispensary permit the extent of their limitations.

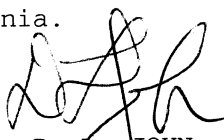
(2) Emergencies will be seen immediately.

(3) If the employee elects treatment by a private physician, the Occupational Health Officer will refer the employee.

(4) Upon return to work after treatment by an elected private physician, the employee will return to the supervisor for a dispensary permit and report to the Occupational Health Clinic. The Occupational Health Officer, upon review of the medical report from the private physician, will direct the injured employee to the supervisor for assignment to limited duty tasks commensurate with medical limitations prescribed, or to full duty. In questionable cases where the limitations are uncertain, the Occupational Health personnel will call the attending physician for clarification.

e. The Combat Center may require an employee receiving FECA benefits or assigned to limited duties as a result of an on-the-job injury to report for medical evaluation when a position or assignment has been identified, and it is reasonable that the employee may be able to perform consistent with the medical limitations of their condition. If the medical information indicates that the employee is capable of performing the duties identified, the employee will promptly be returned to corresponding duty and pay status.

12. Applicability. By prior agreement, this Order is applicable to all commands, organizations, units, and activities located at MCAGCC that receive services from the Marine Corps Civilian Human Resources Office-West, Marine Corps Air Ground Combat Center, Twentynine Palms, California.


D. L. JOHN
Chief of Staff

DISTRIBUTION: A-1

MAY 07 1997

COMPENSATION PROGRAM PROCESSING PROCEDURES AND BENEFITS

1. Emergency Treatment. In cases of traumatic injury or occupational illness that require emergency treatment, the supervisor shall contact the nearest qualified physician or hospital for initial treatment. If oral authorization is given by the supervisor or HRO, Form CA-16 will be issued within 48 hours. Dispensary permits, and CA-1 or CA-2, will be processed at the earliest date.

2. Employee Election of Treatment. When an employee is injured while in the performance of duties, the employee is given the initial choice of electing treatment by the Naval Hospital or any duly qualified local private physician, or hospital.

a. The supervisor will issue an Occupational Health Permit, OPNAV 5100/9. The dispensary will refer the employee to the supervisor for a Form CA-1. The immediate supervisor is responsible for completion of the reverse side of the CA-1 and prompt delivery to the HRO.

b. If the employee elects a private medical doctor or hospital on the date of the injury, the employee will be referred to the elected physician or hospital.

c. Overtime is not authorized for time spent obtaining medical treatment even if treatment is provided after the employee's regular work hours.

3. In all cases reported, OWCP requires that an immediate medical report be furnished by the attending physician. Forms CA-20 and CA-20a are used for this purpose. This information may be furnished in a narrative report form on the physician's letterhead in lieu of the CA-20. Form CA-17 is furnished with the CA-16 and CA-20 to alert the physician that interim medical reports concerning the employee's duty status are required.

4. The notice of injury may be given by someone acting on his or her behalf if the injured employee cannot give the notice. The completed CA-1 must be sent to the HRO within 24 hours with the original dispensary permit or doctor's report.

5. Before returning to duty following the injury, the employee will report to the appropriate supervisor and obtain a dispensary permit before reporting to the Occupational Health Department.

6. When disability continues beyond 45 days, the employee must complete and file Form CA-7 on the 35th day of the 45-day period. The CA-7 must be accompanied by a detailed medical report showing continued disability beyond the end of the 45 day period.

7. While temporary total disability continues, Form CA-8 must be submitted every two weeks until the employee is otherwise instructed by OWCP.

8. If the same injury causes any additional work stoppage after the employee returns to work (a recurrence of disability) Form CA-2a should be filed with OWCP.

ENCLOSURE (1)

MAY 07 1997

9. Doctors and hospitals may submit their bills to OWCP via the HRO. Each bill must be fully itemized on Form HCFA-1500. Injured employees may claim reimbursement for medical expenses which they have paid by sending properly itemized and receipted bills to OWCP via the HRO. All medical expenses must be fully supported by medical reports. Claim for travel expenses incurred to obtain medical care shall be made on Standard Form 1012.

10. When an employee dies because of an injury incurred while in the performance of duty, the supervisor will immediately report the death to the Compensation Specialist, who will notify OWCP by telephone.

11. Occupational Disease Cases. When notified that an employee has contracted an occupational disease, the supervisor will refer the employee to the HRO.

12. Recurrence of Disability. Traumatic Injury Cases. If an employee suffers a recurrence of a disability and again stops work and the initial claim has been approved by OWCP; the HRO shall be notified promptly to assure completion of Form CA-2a.

13. Limited/Light Duty Procedures

a. The Occupational Health Officer or private physician will establish medical limitations of injured employees and note these limitation.

b. Supervisors will ensure a limited duty assignment is immediately available for employees medically certified as capable (not totally disabled) to perform a function. Under no circumstances will supervisors declare "Limited or Light Duty" is not available.

c. Supervisors will ensure that an employee refusing a "Limited Duty" assignment is reported to the Injury Compensation Program Administrator, HRO, extension 7287. Supervisors will also ensure that appropriate measures are taken to place the employee in an Unauthorized Absence (UA) status until the employee returns to limited duty, full duty or disciplinary action is determined.

d. Supervisors will controvert (in writing) any employee's claim that is suspected of being fraudulent or an abuse. Supervisors will report all suspicious claims immediately to HRO or the Compensation Investigator.

e. Supervisors will ensure all required documentation is completed within prescribed time limits.

14. Time Cards

a. The time cards should be noted Occupational Injury "OCC INJ" with the date in the section immediately following the work schedule on the front of the time card and coded as "LU" on the date of the injury. The employee should be signed out at the regular time even though the employee left work for treatment and was sent home. Each week that the supervisor codes the time card for COP, the date of the injury will need to be indicated on the time card.

ENCLOSURE (1)

MAY 07 1997

b. The day or shift following the injury should be noted on the time cards as follows:

(1) "LT" - (45-day continuation of pay - only in cases of traumatic injury), and only when the physician certifies employee is totally disabled for work.

(2) "KD" - (Leave without pay for purposes of claiming compensation).

(3) "LS" - or "LA" - (Sick leave or annual leave if leave was chosen by employee on Block 15 of CA-1).

(4) "KC" - (If an employee refuses "Limited Duty" assignment).

Note: ALL TIME CARDS MUST BE CONSISTENT WITH BLOCK 15 OF COMPLETED CA-1 OR CA-2.

15. Benefits

a. Temporary Total Disability

(1) Continuation of Pay-Traumatic Injury. An employee who sustains a disabling job-related traumatic injury is entitled to continuation of regular pay for a maximum of 45 calendar days, subject to medical certification. The injured employee's pay will continue unless the claim falls into one of the categories listed in subparagraph 15b(2)(a). This pay is subject to income tax, retirement, and other deductions. It should be noted that any other benefit (including medical care) is considered as compensation. The 45 days are counted as calendar days, if the employee has stopped work because of the disabling effects of the injury (with medical evidence), the 45 days begin the work shift following the injury date. The employee will remain in a pay status for any fraction of a day or shift on which the disability begins with no charge to the 45 day period. If after returning to duty status the employee continues to receive medical treatment, the time used to obtain medical examination or treatment is chargeable to the 45 day COP, unless it has already been exhausted (partial days are charged as full days). If an employee is not immediately disabled as a result of the injury, the 45 days of COP will begin on the first day or shift of disability, providing the disability begins within 90 day of the injury.

(a) A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence, member or function of the body affected, and be caused by a specific event or incident or series of events or incidents within a single day or work shift.

(b) Traumatic injuries are distinguished from occupational diseases or illnesses in that the latter are produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposure to conditions of the work environment.

ENCLOSURE (1)

MAY 07 1997

(c) Traumatic injuries also include damage or destruction to prosthetic devices or appliances, exclusive of eyeglasses or hearing aids unless the eyeglasses and hearing aids were damaged incidental to a personal injury requiring medical services.

(2) Controversion and Termination of Employee's Pay. The Combat Center will, on the basis of the information submitted by the employee, or obtained on investigation, controvert and stop the employee's pay if the claim falls into one or more of the categories listed in subparagraph 15b(2)(a). In all other cases, the Base may controvert; however, the employee's regular pay will not be interrupted during the 45-day period unless the controversion is sustained by OWCP.

(a) The agency will controvert and terminate pay only if:

1 The disability is a result of an occupational disease or illness.

2 The employee falls within the exclusion of 5 U.S.C. 8101(1)(b) or (E).

Note: Such persons render personal service to the United States similar to civil officers and employees of the United States, but they work without pay or for nominal pay.

3 The employee is neither a citizen or resident of the United States or Canada (i.e., a foreign national employed outside the United States or Canada).

4 The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties.

5 The injury was caused by the employee's willful misconduct; the employee intended to bring about the injury or death of one's self or another person; or the employee's intoxication was the proximate cause of the injury.

6 The injury was not reported on Form CA-1 within 30 days following the injury.

7 Work stoppage first occurred more than 90 days following the injury.

8 The injury was reported by the employee after termination of employment.

9 The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs or other similar groups and is injured when involved in duties relating to those organizations.

(b) Whenever persons listed above are otherwise entitled to compensation, but are excluded from the 45 day COP, their entitlement to FECA compensation payments will begin from the date of pay loss, subject to other applicable sections of FECA.

ENCLOSURE (1)

MAY 07 1997

(c) The agency may controvert a claim by completing the indication portion of Form CA-1, and submitting detailed information to support the controversion to OWCP.

(d) When pay is continued after the employee stops work because of a disabling injury, it must not be interrupted until:

1 The agency receives medical information from the attending physician that the employee is no long disabled.

2 The employee refuses a suitable offer of limited duty.

3 The agency receives notification from OWCP that pay should be terminated.

4 The 45-day COP expires.

b. Compensation. Compensation based on loss of wages is payable subject to three waiting days after the 45th day in case of traumatic injuries, by filing Form CA-7, Claim for Compensation on Account of Traumatic Injury.

(1) When an injured employee loses pay because of temporary total disability resulting from an injury, compensation is payable at the rate of 66 2/3 percent of the pay rate established for compensation purposes. The compensation rate is increased to 75 percent when there are one or more dependents. Dependents include a spouse, an unmarried child under 18 years of age or if over 18, incapable of self-support or a student (until age 23 or completing four years of school beyond the high school level); or a wholly dependent parent. Compensation begins when the employee starts to lose pay if the injury caused permanent disability or if there is pay loss for more than 14 days.

(2) Compensation may not be paid while an injured employee receives pay for leave. The employee has the right to elect annual leave, sick leave, or compensation paid by OWCP.

c. Permanent Total Disability. When the injury causes permanent total disability, injured employees are entitled to compensation until they are medically or vocationally rehabilitated or until death. Examples of permanent total disability are loss, or loss of use, of both arms; or both feet; or both legs; or both eyes or eyesight. The employee may receive additional compensation, not to exceed \$1500 per month, when the services of an attendant are needed because of the disability.

d. Partial Disability

(1) Loss of Wage-Earning Capacity. An injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability as a result of the injury. The compensation will be paid as long as loss of wage-earning capacity continues.

ENCLOSURE (1)

MAY 07 1997

(2) Scheduled Awards. Compensation is provided for specified periods of time for the loss of permanent loss of use of each of certain members, organs, and functions of the body. Compensation for proportionate periods of time is payable for partial or complete loss of each member, organ, or function.

e. Death. Burial and survivor benefits are provided when an employee dies from a job related injury. OWCP adjudicates these claims for payment.

f. Vocational Rehabilitation. Vocational rehabilitation, job counseling, and placement assistance may be provided an injured employee who is unable to return to usual employment because of permanent disability because of an injury. Additional compensation, not to exceed \$200.00 per month, may be paid it is considered necessary for maintenance when the employee is pursuing an approved training course. Also, an employee will be paid at the rate of total disability while pursuing an OWCP approved training course.

g. Dual Benefits

(1) Civil Service Annuity and Compensation. As a general rule, a person may not concurrently receive compensation from OWCP and a retirement annuity from the Office of Personnel Management. The beneficiary may elect to receive the more advantageous benefits. However, a beneficiary may receive a scheduled award concurrently with a retirement annuity.

(2) Military Retirement, Retainer Pay and Compensation. An employee may receive compensation concurrently with military retired pay, retainer pay or equivalent pay for service in the armed forces or other uniformed services, subject to the reduction of such pay in accordance with 5 U.S.C. 5532(B).

17. Representation. Claimants may be represented by a recognized person of their choice on any matter pertaining to an injury or death occurring in the performance of duties. This representation should be authorized in writing by the claimants. No claim for legal services or for other services rendered in a case, claim, or award of compensation shall be valid unless approved by OWCP.

18. Claimant's Rights. An employee who is not satisfied with the initial decision of OWCP, is provided information regarding the claimant's rights for a hearing, reconsideration or to appeal.

ENCLOSURE (1)

FEDERAL EMPLOYEE'S NOTICE OF TRAUMATIC INJURY AND CLAIM FOR
CONTINUATION OF PAY/COMPENSATIONFederal Employee's Notice of
Traumatic Injury and Claim for
Continuation of Pay/CompensationU.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle) Doe, John Alfred			2. Social Security Number 000-11-2222
3. Date of birth Mo. Day Yr. 07 04 48	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone (619) 367-0000	6. Grade as of date of injury Level 10 Step 01
7. Employee's home mailing address (Include city, state, and ZIP code) P.O. Box 123 Desert Town, CA 92277			8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input checked="" type="checkbox"/> Children under 18 years <input type="checkbox"/> Other
Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) Welding Shop, Bldg 1121, Facilities Maintenance			
10. Date injury occurred Mo. Day Yr. 7 16 96	Time 09:15 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. 07 16 96	12. Employee's occupation Welder
13. Cause of injury (Describe what happened and why) while placing metal pipes on counter, one rolled off and fell onto my right foot.			
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg) Broke large toe on right foot		a. Occupation code	b. Type code c. Source code
		OWCP Use - NOI Code	

Employee Signature
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work: <input checked="" type="checkbox"/> a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584. <input type="checkbox"/> b. Sick and/or Annual Leave Signature of employee or person acting on his/her behalf <u>John A Doe</u> Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Have your supervisor complete the receipt attached to this form and return it to you for your records.

End of Employee Report

Witness			
16. Statement of witness (Describe what you saw, heard, or know about this injury) I was working near John when I heard him yell as I heard the pipe bouncing on the cement floor. He immediately began jumping on one leg while holding his right foot.			
Name of witness Jack B. Honest	Signature of witness Jack B. Honest	Date signed 7-16-96	
Address 789 N. River Rd	City Joshua Tree	State CA	ZIP Code 92252

Form CA-1
Rev. Nov. 1989

ENCLOSURE (2)

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report

17. Agency name and address of reporting office (Include city, state, and ZIP code)

OWCP Agency Code

OSHA Site Code

ZIP Code

18. Employee's duty station (Street address and ZIP code)

ZIP Code

Facilities Maintenance, MCAGCC, 29 Palms, CA 92278

19. Regular work hours From: 06:30 ☒ a.m. ☐ p.m. To: 15:00 ☒ a.m. ☐ p.m.

20. Regular work schedule ☐ Sun. ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat.

21. Date of Injury Mo. Day Yr. 07 16 96

22. Date notice received Mo. Day Yr. 07 16 96

23. Date stopped work Mo. Day Yr. 07 16 96 Time: 09:15 ☒ a.m. ☐ p.m.

24. Date pay stopped Mo. Day Yr. N/A

25. Date 45 day period began Mo. Day Yr. 07 17 96

26. Date returned to work Mo. Day Yr. N/A Time: : ☐ a.m. ☐ p.m.

27. Was employee injured in performance of duty? ☐ Yes ☐ No (If "No," explain)

28. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☒ No

29. Was injury caused by third party?
☐ Yes ☐ No
(If "No," go to item 31.)

30. Name and address of third party (Include city, state, and ZIP code)

31. Name and address of physician first providing medical care (Include city, state, ZIP code)

Occupational Health Clinic

Naval Hospital, MCAGCC

29 Palms, CA 92278

32. First date medical care received Mo. Day Yr. 07 16 96

33. Do medical reports show employee is disabled for work? ☒ Yes ☐ No

34. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? ☒ Yes ☐ No (If "No," explain)

35. If the employing agency controverts continuation of pay, state the reason in detail.

36. Pay rate when employee stopped work
\$ 15.54 Per Hr.

Signature of Supervisor and Filing Instructions

37. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)

Robert E. Lee

Signature of supervisor

Robert E. Lee

Date

07-17-96

Supervisor's Title

Welding Shop Foreman

Office phone

(619) 830-0123

38. Filing instructions

- ☐ No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
☒ No lost time, medical expense incurred or expected: forward this form to OWCP
☐ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
☐ First Aid Injury

MAY 07 1987

Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury; however, to avoid possible interruption of pay, the form should be filed within 2 working days. If the form is not filed within 30 days, compensation may be substituted for continuation of pay.)
- (2) Payment of compensation for wage loss after the 45 days, if disability extends beyond such period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.
- (5) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians, of the employee's choice. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care; however, other pertinent facts must also be considered in making selection of physicians or medical facilities.

Continuation Act (FECA)

At the time an employee stops work following a traumatic, job-related injury, he or she may request continuation of pay or use sick or annual leave credited to his or her record. Where the employing agency continues the employee's pay, the pay must not be interrupted until:

- (1) The employing agency receives medical information from the attending physician to the effect that disability has terminated;
- (2) The OWCP advises that pay should be terminated; or
- (3) The expiration of 45 calendar days following initial work stoppage.

If disability exceeds, or it is anticipated that it will exceed, 45 days, and the employee wishes to claim compensation, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period. Form CA-3 shall be submitted to OWCP when the employee returns to work, disability ceases, or the 45 days period expires.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

John A. Doe

Which occurred on (Mo., Day, Yr.)

07-16-96

At (Location)

welding shop, Bldg 1121, Fac Maint
MCAGCC, 29 Palms, CA 92278

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

Robert E. Lee welding Shop Foreman 07-17-96

Form CA-1
Rev. Nov. 1989

ENCLOSURE (2)

AUTHORIZATION FOR EXAMINATION AND/OR TREATMENTAuthorization for Examination
And/Or TreatmentU.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

OMB No.: 1215-0103
Expires: 10-31-94**PART A - AUTHORIZATION**

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

Doe, John A.

3. Date of Injury (mo. day, yr.)

07-16-96

4. Occupation

Welder

5. Description of Injury or Disease:

Dropped metal pipe on right foot

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:

Robert E. Lee

9. Name and Title of Authorizing Official: (Type or print clearly)

Robert E. Lee
Welding Shop Foreman

10. Local Employing Agency Telephone Number:

(619) 830-0123

11. Date (mo., day, year)

07-16-96

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment:

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation ProgramsP.O. Box 194770
San Francisco, CA
94119-4770

Department of Agency Navy, USMC

Bureau or Office

Local Address (including ZIP Code)

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

Form CA-16
Rev. Oct. 1988

ENCLOSURE (3)

DUTY STATUS REPORT

Duty Status Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.). Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108.

OMB No. 1215-0103
Expires: 9-30-91

Instructions for Completing and Submitting this Form

Supervisor: Complete Part A and refer the form to the attending physician for completion of Part B.

Attending Physician: Complete Part B. To prevent interruption of the employee's pay, the completed form should be returned to the employing agency (as shown in Item 12) within two days following examination and/or treatment. A copy of the form should also be sent to the OWCP (as shown in Item 11).

Part A - Supervisor

1. Name and Address of Medical Facility Providing Medical Services:

2. OWCP File Number (If known)

3. Employee's Name (Last, first, middle)

Doe, John Alfred

4. Date of Injury (Month, day, yr.)

07-16-96

5. Social Security No.

000-111-2222

6. Occupation

Welder

7. Describe How the Injury Occurred and State Parts of the Body Affected.

(Private Physician)
Dropped Metal pipe on right foot.

8. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent	Activity/Exposure	Continuous	Intermittent
a. Lifting/Carrying: Sedentary 0-10 lbs.		✓ 2 Hrs Per Day	p. Fine Manipulation		✓ 6 Hrs Per Day
b. Lifting/Carrying: Light 10-20 lbs.		✓ 2 Hrs Per Day	q. Reaching above Shoulder		✓ 1 Hrs Per Day
c. Lifting/Carrying: Moderate 20-50 lbs.		✓ 1 Hrs Per Day	r. Heat		✓ 110 degrees F
d. Lifting/Carrying: Heavy 50-100 lbs.		✓ .5 Hrs Per Day	s. Cold		✓ 45 degrees F
e. Sitting			t. Excess Humidity		
f. Standing		✓ 8 Hrs Per Day	u. Chemicals, Solvents, etc. (Identify)		✓ .5 Hrs Per Day
g. Walking		✓ 8 Hrs Per Day	v. Fumes (Identify)		✓ 6 Hrs Per Day
h. Climbing Stairs		✓	w. Dust (Identify)		8 Hrs Per Day
i. Climbing Ladders		✓ .5 Hrs Per Day	x. Noise (Give dBA)		dBA Hrs Per Day
j. Kneeling		✓ 1 Hrs Per Day	y. Other (Describe)		Hrs Per Day
k. Bending		✓ 2 Hrs Per Day	9. Does the Job Require Driving a Vehicle		
l. Stooping		✓ 2 Hrs Per Day	<input checked="" type="checkbox"/> Yes (Specify) <input type="checkbox"/> No pick up truck, forklift		
m. Twisting		✓ 4 Hrs Per Day	Operating Machinery?		
n. Pulling/Pushing		✓ 4 Hrs Per Day	<input checked="" type="checkbox"/> Yes (Specify) <input type="checkbox"/> No power grinder, drill		
o. Simple Grasping	✓	✓ 8 Hrs Per Day	10. The Employee Works	8 Hours Per Day	5 Days Per Week

11. Send A Copy of This Report To:

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

12. Send the Original Report to (Name and Address of Employing Agency):

UNITED STATES MARINE CORPS
MC CIV HUMAN RESOURCES OFFICE-WEST
BOX 788102
TWENTYNINE PALMS, CA 92278-8102

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 8 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

MAY 07 1997

FORM LETTER TO PHYSICIAN

UNITED STATES MARINE CORPS

Marine Corps Air Ground Combat Center
Twentynine Palms, California

12810
Office Symbol
Date

Dear Dr.:

(Patient) has suffered a job related injury. You are authorized to examine and treat this employee. Please complete the attached Department of Labor forms CA-16 and CA-17, as soon as possible so that:

a. The Office of Worker's Compensation Programs (OWCP) can pay you for this visit.

b. We can determine the proper duty status of the employee.

If this injury has not totally disabled the employee, light duty or limited duty work may be made available based on your indication on Form CA-17 of what limitations apply. A copy of the employee's position description, environmental factors, and critical job elements are provided for use in making a determination.

The CA-16 and CA-17, and a HCFA-1500 billing form from your office, should be returned to use for processing to OWCP; they can be hand carried by the employee or mailed. A return addressed envelop is enclosed.

Thank you for your assistance and cooperation. Questions can be answered by calling the Compensation Specialist at (619) 830-7287.

Sincerely,

(signature with typed name
and title of supervisor)

Encl: (1) CA-16
(2) CA-17
(3) Position Description
(4) Return Envelope Addressed to HRO

ENCLOSURE (5)

Dispensary Permit

Dispensary Permit

CASE NUMBER

PRIVACY ACT STATEMENT BELOW

SUPERVISOR'S REPORT		TO DISPENSARY (Location)		DATE OF REPORT	
EMPLOYEE'S NAME		TIME & DATE OF INJURY		TIME LEFT JOB	TIME RETURNED
SOCIAL SECURITY NO.	GRADE, RATE, JOB TITLE			OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE	
REASON FOR REFERRAL <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEE'S REQUEST <input type="checkbox"/> OTHER (Specify)					
REMARKS					
SUPERVISOR'S SIGNATURE		SHOP/OFFICE	TELEPHONE NUMBER		
MEDICAL OFFICER'S REPORT		TIME REPORTED		TIME RELEASED	
OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		DEGREE OF INJURY <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER (Explain)			
DISPOSITION OF EMPLOYEE <input type="checkbox"/> RETURN TO PERM. JOB <input type="checkbox"/> TEMP. TRANSFER TO ANOTHER JOB <input type="checkbox"/> TERMINATION OF EMPLOYMENT <input type="checkbox"/> RESTRICT ACTIVITY UNTIL <input type="checkbox"/> PERM. TRANSFER TO ANOTHER JOB <input type="checkbox"/> SENT HOME BY DISPENSARY <input type="checkbox"/> REFERRED TO PRIVATE PHYSICIAN/HOSPITAL <input type="checkbox"/> OTHER (Explain)					
REMARKS/DIAGNOSIS					
MEDICAL OFFICER'S SIGNATURE		INITIAL TREATMENT DETERMINATION <input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED <input type="checkbox"/> RE-TREATMENT REQUIRED			

OPNAV 5100.9 (Rev 12-92)

S/N 0107-LF-015-8300

PRIVACY ACT STATEMENT

Authority: SECNAVINST 5100.10E and OPNAVINST 5100.23C

Principal Purpose: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.

Routine Use: Routinely used by the activity Occupational Safety and Health Office to perform official duties in the investigation of mishaps which may have caused occupational injury or illness.

Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.

ENCLOSURE (6)